

Master of Public Health
Applied Practice Experience

PROMOTING DEMENTIA-FRIENDLINESS IN MANHATTAN, KANSAS

by

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submitted in partial fulfillment of the requirements for the degree

MASTER OF PUBLIC HEALTH

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Chapter 1 - Portfolio Products

The Flint Hills Wellness Coalition (FHWC) strives to improve the health of Manhattan, Kansas and Riley County communities through the creation of community norms that promote health, as well as using policy to create an equitable community for all citizens. In 2019, FHWC coordinated a community needs assessment survey, the results of which were used to produce the 2020 Riley County Community Needs Assessment Report. Seventy-seven point six percent of respondents reported that it was very important to them to be able to stay in their own home as they age. Needs reported for aging adults in the community included independent living in the home, ease of mobility in the community, safety, and dementia support. In response to the survey results, FHWC launched the Dementia Friendly Manhattan (DFM) initiative in 2021.

Dementia Friendly Manhattan was the first community in Kansas to become part of the Dementia Friendly America (DFA) network. The mission of DFM is to make Manhattan a more dementia-friendly place to live, therefore allowing people with dementia to remain in their communities for as long as possible as they age. Dementia-friendliness can be achieved in part through policy and altering the built environment, such as improving public transportation or providing more seating in public spaces. However, psychosocial aspects of the community also need to be addressed to achieve dementia-friendliness. For my Applied Practical Experience (APE), I had the opportunity to work with the chair of FHWC, Debbie Nuss, to raise awareness about the DFM initiative and develop a plan to provide training to community members to give them the tools needed to give social support to people living with dementia (PLWD) in the community.

During my time working with FHWC, I developed a training presentation that would be given to community members (see Appendix). The presentation was meant to educate the audience about dementia, provide the warning signs of dementia, and deliver effective communication strategies for interacting with PLWD. The presentation had an accompanying script to allow other members of DFM to administer the training. I produced a pre- and post-survey to be given to audience trainees in order to evaluate the effectiveness of the presentation and revise the presentation accordingly to reach all learning objectives (see Appendix). Because the presentation was targeted towards local businesses that want to train their staff on how to be dementia-friendly in their workplace, I created a post-training certificate of completion to be given to the participating businesses or organizations (see Appendix). Lastly, I designed window clings for the businesses or organizations to put on the door or

window of their establishment to indicate the establishment is “dementia-friendly” (see Appendix).

Table 1.1 Summary of Portfolio Products

Portfolio Product		Description
1	Training presentation and script	Using materials from several existing dementia training programs, I synthesized a presentation for promoting dementia-friendliness in Manhattan, Kansas. The target audience was community members, specifically community members that come into contact with the general public at their workplace. I wrote a script to accompany the presentation so that other members of Dementia Friendly Manhattan can participate in giving the presentation.
2	Training handout	I designed a handout to be given to training attendees. The handout facilitates learning, as the audience can follow along as the topics of the presentation are discussed. By giving attendees information in a physical form, they can take the information home with them to share with friends and family, as well as to use the handout to jog their memory on topics they may have forgotten about.
3	Pre- and post-training survey	The pre-training survey was designed to gauge the audience members’ baseline knowledge of the topics covered in the presentation. It was meant to that there were knowledge gaps, justifying the use of the training presentation. The post-training survey was identical to the pre-training survey and was meant to evaluate the effectiveness of the presentation. Topics in the presentation that showed a lack of knowledge improvement would be

		revised accordingly. The survey contained both quantitative and qualitative aspects. The Likert scale converted to numeric form for analysis composed the quantitative portion. A section for comments at the end of the survey would allow for the collection of qualitative data.
4	Training certificate of completion	By creating a certificate of completion, organizations that receive dementia-friendly training would have a visual way to display to others that they have received the training. The certificate was also meant to encourage other establishments to seek dementia-friendly training, and raise general community awareness about Dementia Friendly Manhattan.
5	Window cling	Like the certificate, the window cling would be used to inform others that the establishment is dementia-friendly. Placed in the front window or door of an establishment, patrons would see that the establishment has staff that have received dementia-friendly training. The window cling is meant to increase community recognition of the Dementia Friendly Manhattan logo. It would encourage other establishments to undergo the training. Lastly, it would be a sign to people living with dementia that the establishment is a safe, supportive place in which they are welcome.
6	Event flyer	DFM planned a fall kick-off event to introduce our training program and connect with local businesses. I developed a flyer to promote attendance at the kick-off event.

Table 1.2 Portfolio Products and Competency Addressed

Portfolio Product		Number and Competency Addressed	
1	Training presentation and script	9	Design a population-based policy, program, project or intervention
2	Training handout	19	Communicate audience-appropriate public health content, both in writing and through oral presentation
3	Pre- and post- training survey	2	Select quantitative and qualitative data collection methods appropriate for a given public health context
		4	Interpret results of data analysis for public health research, policy or practice
		11	Select methods to evaluate public health programs
4	Training certificate of completion and window cling	16	Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

Chapter 2 - Competencies

Competency #2: Select quantitative and qualitative data collection methods appropriate for a given public health context

In designing the pre- and post-training survey, I selected quantitative and qualitative data collection methods that would be used to evaluate the effectiveness of the training presentation as a public health program. Likert scales are used to measure opinions, attitudes, and behaviors. I utilized the Likert scale in order to examine the trainees' baseline attitude and confidence in their ability to assist someone in the community with dementia, which would then be compared to their attitude and confidence level after receiving the training. Each component of the survey corresponded to a core learning objective of the program. This would allow me to revise the presentation according to which learning objectives were not achieved. The survey included a qualitative component in which respondents could include any comments they had about the training, such as suggestions for improvements or training material that was unclear to them. Designing this survey gave me valuable experience choosing a method for analyzing the effectiveness of a public health program and collecting data. In my coursework, biostatistics (MPH 701) and epidemiology (MPH 754) helped me fulfill this competency. These classes demonstrated the importance of both quantitative and qualitative data, as well as the importance of both prospective and retrospective studies.

Competency #4: Interpret results of data analysis for public health research, policy or practice

The results from the Likert scale component of the pre- and post-training survey would be presented via a stacked bar chart in order to compare the pre- and post- training surveys. Analysis would mainly focus on baseline levels of knowledge and attitude, as well as the amount of improvement associated with completing the training. Taking the biostatistics class (MPH 701) guided me in the analysis of the survey. I would be able to put the results of the survey into practice by adjusting my presentation based on which learning objectives were not met. Another valuable aspect of the survey would be having the baseline knowledge levels of the audience. This would reaffirm that there is a community need for education, and would allow us to focus more on the topics with which the audience had less knowledge.

Competency #9: Design a population-based policy, program, project or intervention

The training presentation targeted the Manhattan, Kansas and Riley County population. The goal of the presentation was to educate the audience about dementia, raise awareness and reduce the stigmatization surrounding dementia, and equip the audience with the tools needed to assist someone with dementia in their community. I gained experience preparing a presentation that targets the general public rather than academic peers. I was mindful about the language, the length of the presentation, and the use of interactive components to keep the audience engaged. As a public health official, it will be important to know how to adjust my

presentation style according to the target audience. In my healthcare administration class (MPH 720), I conducted a community needs assessment for Santa Barbara, California with a group of peers. We emphasized the issue of homelessness in this area and developed harm reduction strategies to alleviate some of the issues associated with homelessness. This experience was also very valuable for learning how to design a population-based intervention.

Competency #11: Select methods to evaluate public health programs

I selected a survey as the primary method of evaluating the effectiveness and audience response to the training presentation. The survey would allow me to examine which learning objectives were met, and which needed to be adjusted within the presentation. This experience taught me the importance of evaluating public health programs. Effective programs should be backed by data-driven evidence. By choosing to collect data via the survey and apply it to the revision of the presentation, I fulfilled this competency and would improve my public health program.

Competency #16: Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

The certificate of training completion and window cling were designed to be a recognizable symbol that a space is dementia-friendly. It would create a vision of a whole community where every space and business is dementia-friendly. Applying the principles of leadership that I learned in social and behavioral sciences (MPH 818), I envisioned that as several businesses become dementia-friendly, as indicated with the window cling, other businesses would be encouraged to participate in the training as well. The window cling would foster a sense of community, as it would show that the businesses support people in the community who are living with dementia.

Competency #19: Communicate audience-appropriate public health content, both in writing and through oral presentation

I fulfilled this competency through the development of the Dementia Friendly Manhattan training presentation. The presentation contained basic information about dementia, as the target audience consisted of the general public rather than academic peers. The presentation included a PowerPoint, which was primarily for visual engagement. Accompanying the PowerPoint was an oral component that contained the bulk of the educational content. Audience members would be given a handout with a condensed version of the information given in the spoken presentation, allowing the audience to follow along and learn through visual, oral, and written presentation of information. In the course Global Health Issues (DMP 844), I created a Tik Tok as a form of communication to young Americans. Using this unique platform to deliver public health information is an example of the novel approaches essential to reaching younger generations.

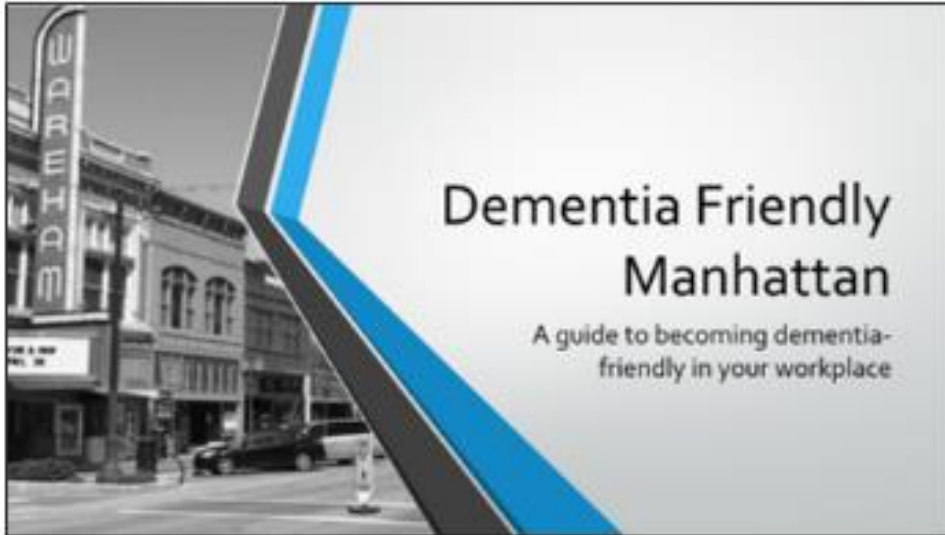
Table 2.1 Summary of MPH Foundational Competencies

Number and Competency		Description
2	Select quantitative and qualitative data collection methods appropriate for a given public health context	This competency was fulfilled by the designing of a pre- and post-training survey, which included both qualitative and quantitative components. The survey would be provided on paper to audience members before and after the presentation. I selected this data collection method to ensure the target audience were the respondents and to receive better response rates rather than sending an electronic survey that would be completed at a later time.
4	Interpret results of data analysis for public health research, policy or practice	The data collected via the pre- and post-training survey would be analyzed and used to evaluate the effectiveness of the training presentation. By investigating the data collected from this survey, I would be able to put it into practice by using it to improve my presentation.
9	Design a population-based policy, program, project or intervention	The Dementia Friendly Manhattan training presentation was a public health intervention that targeted the Manhattan, KS and Riley County community. I designed this population-based program to educate community members on dementia and to teach them the skills they need to effectively assist people living with dementia.
11	Select methods to evaluate public health programs	I selected a survey as the means to collect data which would be used to evaluate the effectiveness of the Dementia Friendly Manhattan training presentation. The survey would allow me to examine which learning

		<p>objectives were met and which were not. Evaluating public health programs is crucial to create a program that is cost-effective, efficient, and beneficial.</p>
16	<p>Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</p>	<p>The certificate of completion and window cling associated with completing the training was a strategy used to energize the community to encourage more business or other establishments to take part in receiving the training. The visual indication of dementia-friendly spaces would guide others to make their own spaces dementia-friendly. In this way, Dementia Friendly Manhattan would create a vision of all public spaces being dementia-friendly. The use of window clings would empower business employees and allow them to feel confident when helping customers who may have dementia, and empowers PLWD to navigate in their community and visit stores.</p>
19	<p>Communicate audience-appropriate public health content, both in writing and through oral presentation</p>	<p>I would deliver the training presentation as a PowerPoint accompanied by an oral component. The information regarding educating the audience on dementia was kept at a basic level for the general public. The PowerPoint contained minimal text and was designed to keep the audience engaged. Additionally, audience members would receive a handout that roughly followed along with the content of the presentation. This way, audience members had three ways in which to absorb information: oral, visual, and written.</p>

Appendix

Dementia Friendly Manhattan training presentation



Hello, everyone. Thank you for being here today. I am _____ and I am here to represent Dementia Friendly Manhattan. We are going to talk about dementia and what it means to create a dementia-friendly community.

Learning Objectives

- Become familiar with the goals Dementia Friendly Manhattan and the importance of having a dementia-friendly community
- Understand the definition of dementia and common types of dementia
- Recognize common signs and indications of dementia
- Identify the situational factors that could cause a dementia-associated reaction
- Utilize communication strategies for responding to dementia-associated reaction

Let's go over our learning objectives for today. We will start by introducing you to Dementia Friendly Manhattan and our goals. We will learn more about what dementia is and how it affects people. Then, we will go over 10 potential signs of dementia. These signs will help us recognize when someone might dementia and need help. We will also talk about how dementia can affect the way people react to situations and communicate. People with dementia may use behavior to communicate instead of words. We have some tools we can use to assess the situation to see what is causing their reaction to a situation. There are also tools we can use when communicating with someone who has dementia or responding to a dementia-associated reaction. We will go over some communication strategies. Finally, we will put what we learned to the test by going over some real-world scenarios.

Introduction to Dementia

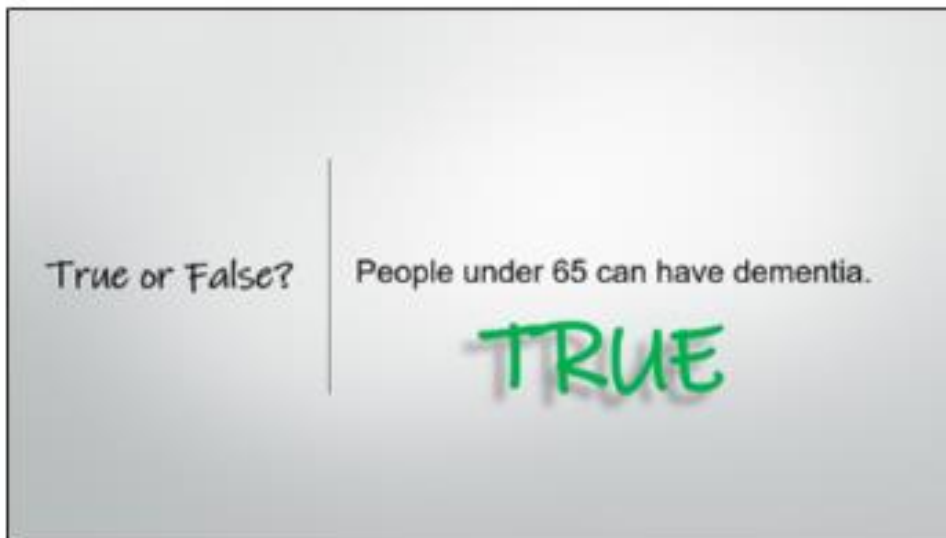
“Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — to such an extent that it interferes with a person’s daily life and activities.”

From The National Institute on Aging

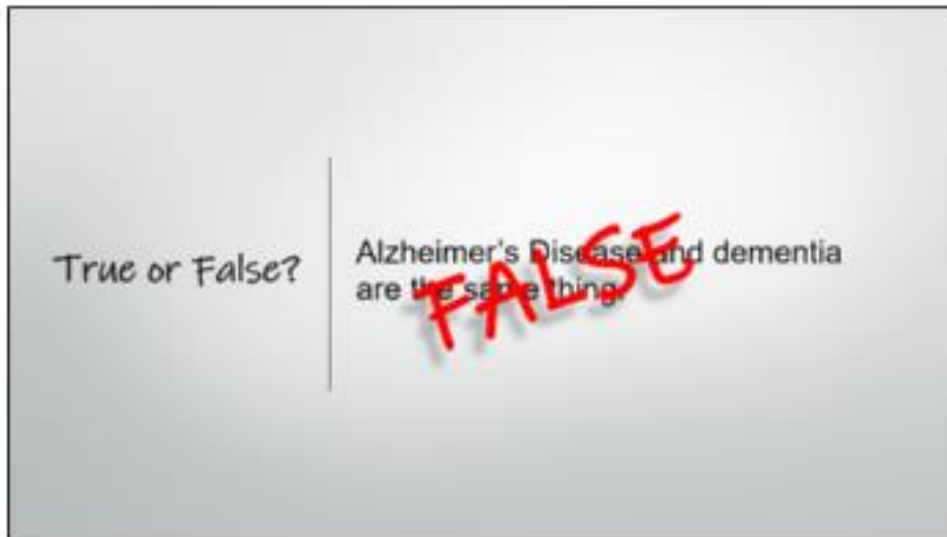
According to the National Institute on Aging, dementia is the loss of cognitive functioning – thinking, remembering, and reasoning – to such an extent that it interferes with a person’s daily life and activities. Let’s do some true and false questions to learn some facts about dementia and debunk misconceptions about dementia.



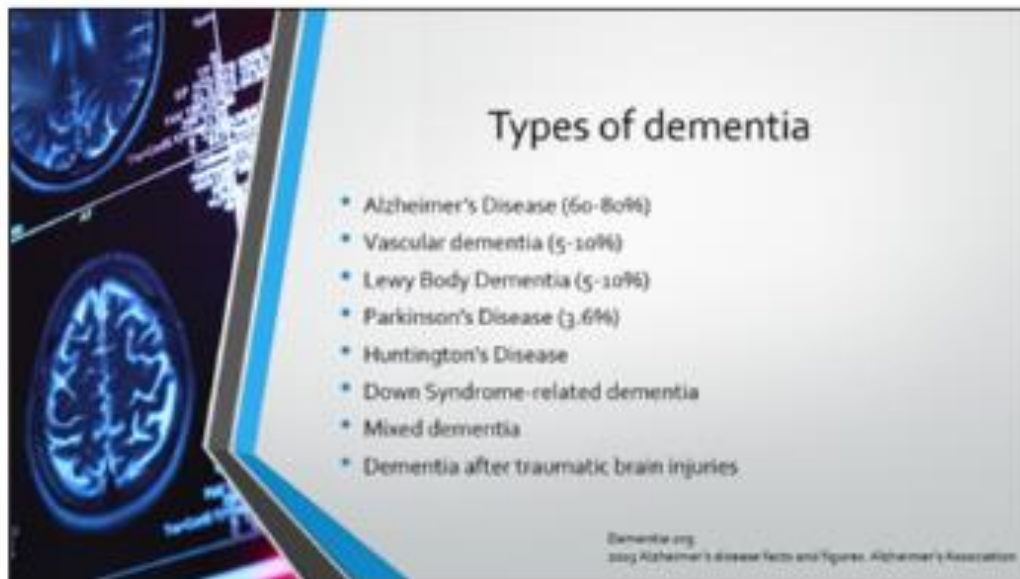
True or false: dementia is a normal part of aging. This is false. Older age is the biggest risk factor for having dementia, but it is not a normal part of aging. While it is normal to have a decline in memory or attention as you age, it is gradual and does not affect your ability to function in everyday life. With dementia, the decline in cognition is more rapid and severe, and interferes with daily life.



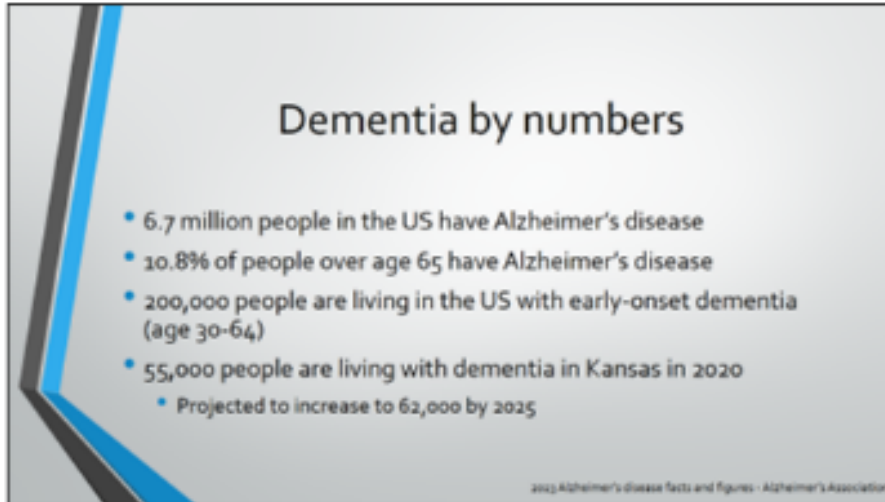
True or false: People under 65 can have dementia. This is true. When someone under 65 develops dementia, it is called “early onset dementia”. Each year, an increasing number of people are diagnosed with early onset dementia.



True or false: Alzheimer's Disease and dementia are the same thing. This is false. Dementia is an umbrella term for the decline in cognition, which can be caused by many different health conditions. Alzheimer's Disease is the most common cause of dementia. Think of it this way: just like baseball is a category of sport, Alzheimer's Disease is a category of dementia. Let's talk a little bit more about the different types of dementia.



As we just learned, Alzheimer's disease is the most common cause of dementia, causing 60-80% of dementia cases. This disease is progressive, and there is no cure. This means that the severity of the symptoms will increase over time. Vascular dementia is the next most common type of dementia. It occurs when oxygen is unable to reach the brain, such as during a stroke. Lewy Body dementia, Parkinson's disease, and Huntington's disease are some less common progressive neurological diseases that cause dementia. People with Down Syndrome are at a high risk of developing dementia, especially early onset dementia. 30% of people in their 50's with Down Syndrome have Alzheimer's disease. Mixed dementia refers to cases in which the individual has multiple diseases contributing to their dementia. Lastly, we want to include people who have dementia following a traumatic brain injury. This drives home the fact that people of any age can have dementia, and Dementia Friendly Manhattan wants to make sure all types of dementia are included when we talk about making our community dementia-friendly.



The United States Census Bureau and the Chicago Health and Aging Project has estimated there to be 6.7 million people living with Alzheimer's in the US. This number does not include people who are living with other types of dementia. About 10.8% of people over the age of 65 have Alzheimer's. An estimated 200,000 people aged 30-64 in the US have early-onset dementia. In 2020, there were 55,000 people in Kansas living with dementia. This number is projected to increase to 62,000 by 2025. The United States' Census Bureau's most recent estimate of the population of Riley County was 71,000. 10.7% of the population consists of people aged 65 and over. If 10.8% of people aged 65 and over have Alzheimer's, then there is approximately 820 people in Riley County living with Alzheimer's disease.

Who are we?



"The mission of Dementia Friendly Manhattan is to make Manhattan, KS a more inclusive, supportive, and engaging community for people with dementia and their care partners"

dementia.org

Dementia Friendly America is a nation-wide network of communities that have come together with the goal of making their communities "dementia-friendly". In 2021, the Flint Hills Wellness Coalition here in Manhattan worked with Dementia Friendly America to launch Dementia Friendly Manhattan. Manhattan is the first community in Kansas to become part of the Dementia Friendly America network. The mission of Dementia Friendly Manhattan is to make Manhattan, KS a more inclusive, supportive, and engaging community for people with dementia and their care partners.

What is a Dementia-Friendly Community?

"A dementia friendly community is a village, town, city or county that is informed, safe and respectful of individuals living with dementia, their families and caregivers and provides supportive options that foster quality of life"

— Dementia Friendly America



dementia.org

Let's talk a little more about what exactly a dementia friendly community is. Dementia Friendly America defines a dementia friendly community as "a village, town, city or county that is informed, safe and respectful of individuals living with dementia, their families and caregivers and provides supportive options that foster quality of life."



Part of being a dementia-friendly community includes educating the people in the community on how they can best support and communicate with people who have dementia. This information can be useful in a personal setting, such as helping out a neighbor in need, or a commercial setting, such as assisting a customer in your place of work. That is just one example of many aspects that go into creating a dementia-friendly community. There are many other factors such as transportation, housing, memory services and other healthcare, or other public services. Today we will be focusing on the social aspects of being a dementia-friendly community. By this, I mean we will be talking about how we can be dementia-friendly through our interactions with people in the community who have dementia. Before we get into that, let's discuss why it is important to have a dementia-friendly community in the first place.

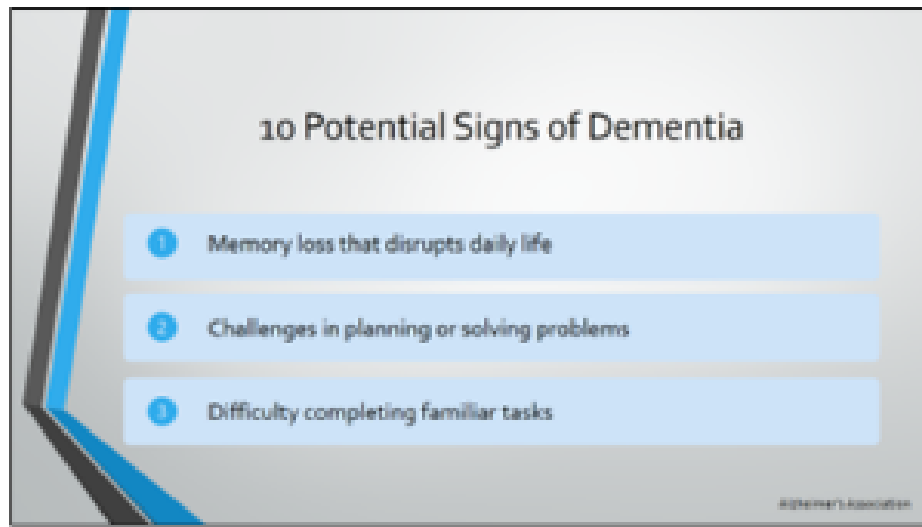
Why should we be dementia-friendly?

"A dementia-friendly community can allow people with dementia to remain in their homes and communities as they age, allowing for increased independence and quality of life"

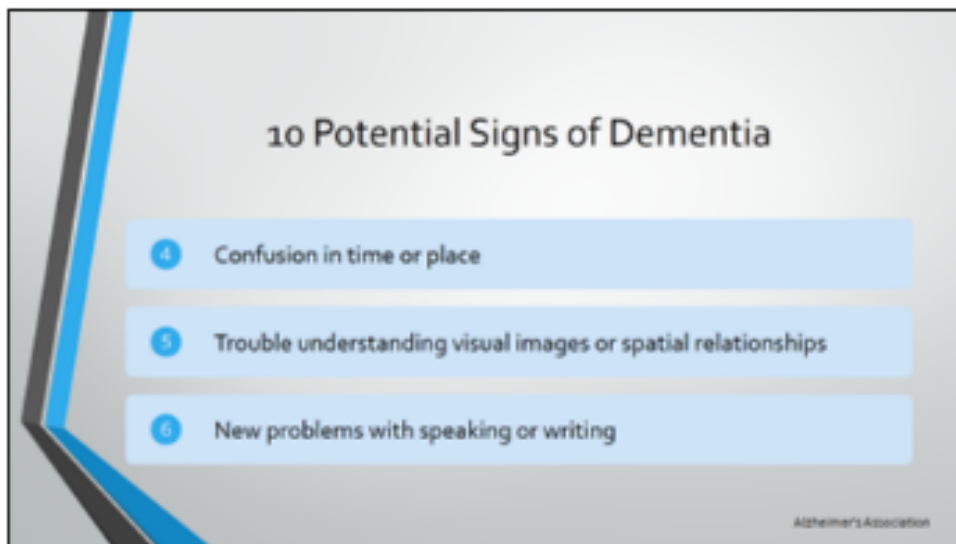
– Dementia Friendly America



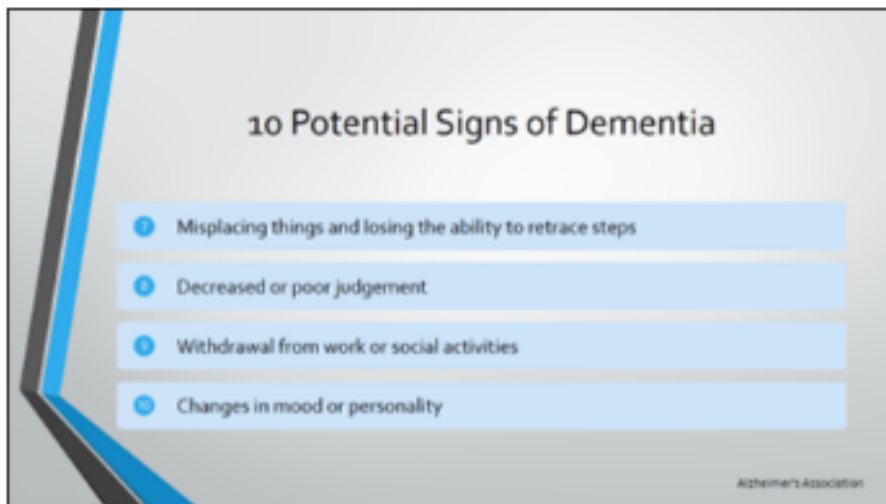
According to Dementia Friendly America, a dementia-friendly community can allow people with dementia to remain in their homes and communities as they age, allowing for increased independence and quality of life. Many seniors wish to age in place. This is when a senior stays in their own home for as long as possible, surrounded by friends, family, and neighbors rather than moving into an assisted living facility. Developing a dementia-friendly community increases the likelihood of seniors in the area being able to age in place.



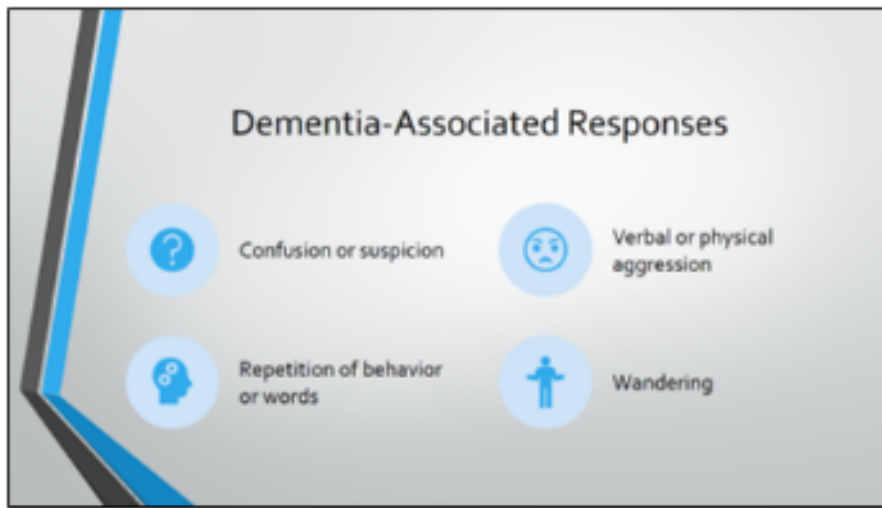
Now that we have learned about what dementia is and what it takes to be a dementia-friendly community, let's learn more about how we can foster a dementia-friendly community through our social interactions with people who have dementia. There are 10 general signs of dementia. These signs can help us identify if someone may be struggling with dementia in case they need help. The first sign is memory loss that disrupts daily life. We need to remember that some slight cognitive decline occurs in normal aging. Let's compare an example of memory loss that could indicate dementia and an example of memory loss that is "normal" when aging. If someone forgot the name of an acquaintance they ran into at the store and couldn't remember it until later that day, that would be pretty normal. If someone ran into a friend at the store and did not recognize who they were, that could be in indication of dementia. The second sign is challenges in planning or solving problems. For example, a regular grocery store patron tries to pay for their groceries, but becomes confused when trying to pay with exact change like they normally do. Number three: difficulty completing familiar tasks. For example, a woman in your church has always brought her signature dish to church dinners, but she mentions the recipe "doesn't turn out right" anymore.



Number four: confusion in time or place. For example, you see that your neighbor has been circling the block in his car. You ask him if he needs help, and he says he is coming home from the post office and is having trouble finding his house. Number five: trouble understanding visual images or spatial relationships. Dementia can affect your depth perception, making you prone to falling on the stairs or getting into a car accident. It can also alter your ability to recognize objects or people, so it can be common to lose objects even when they are in plain sight. Number six: new problems with speaking or writing. For example, you work at the bank and have a customer who comes in every week to make a deposit. You notice that their handwriting on the deposit slip has been getting harder to read. Some of the numbers may even just look like scribbles.



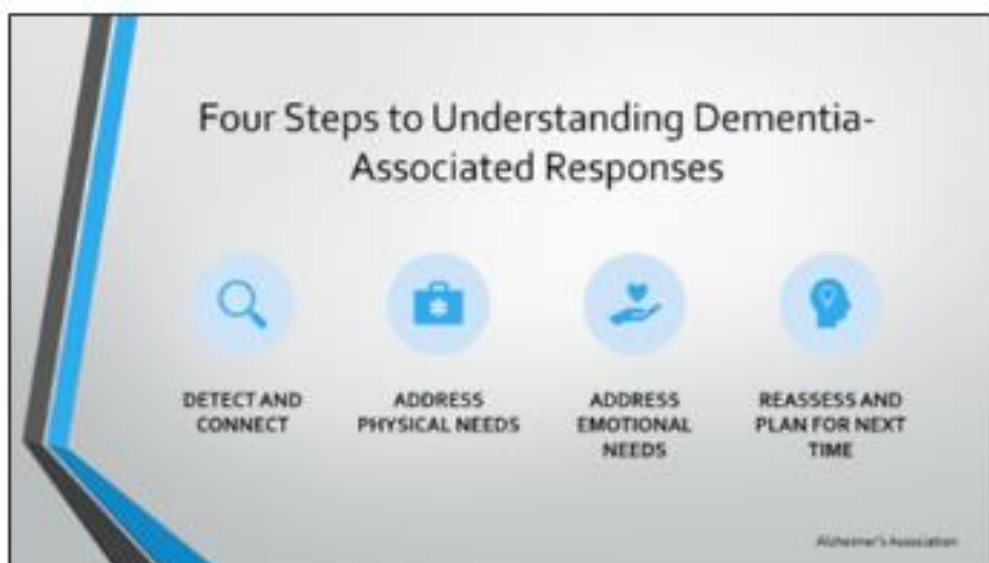
Number seven: misplacing things and losing the ability to retrace steps. Everybody misplaces things like their keys sometimes, but if you notice that someone is losing things more often and is unable to find them, it could be a warning sign of dementia. Number eight: decreased or poor judgement. People with dementia might spend or give away their money irresponsibly. They might wear shorts in the middle of winter. Maybe they have gotten in a few too many fender benders but are refusing to give up driving. Number nine: withdrawal from work or social activities. Many people with dementia become withdrawn or isolated. This often stems from difficulty with communication as the disease progresses. Lastly, the tenth potential sign of dementia is changes in mood or personality. The most common changes include irritability, anger, frustration, and depression.



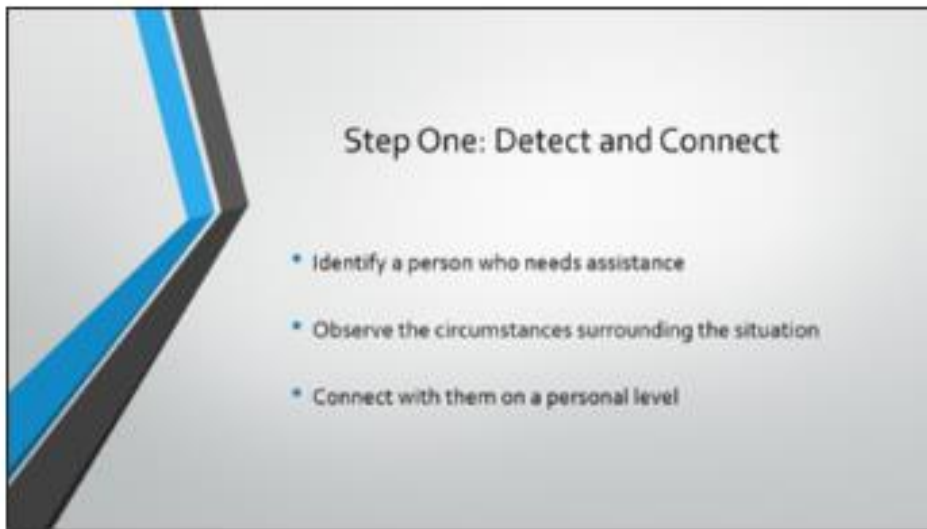
It can become difficult for a person with dementia to express their feelings verbally. As a result, they may use behavior as a way of communicating. These behaviors include confusion or suspicion, verbal or physical aggression, repetition of behavior or words, and wandering. While the person's reaction to a situation may seem irrational, we can oftentimes begin to understand their reaction by remembering that behavior is a response to an unmet need. They are using behavior instead of words to communicate.



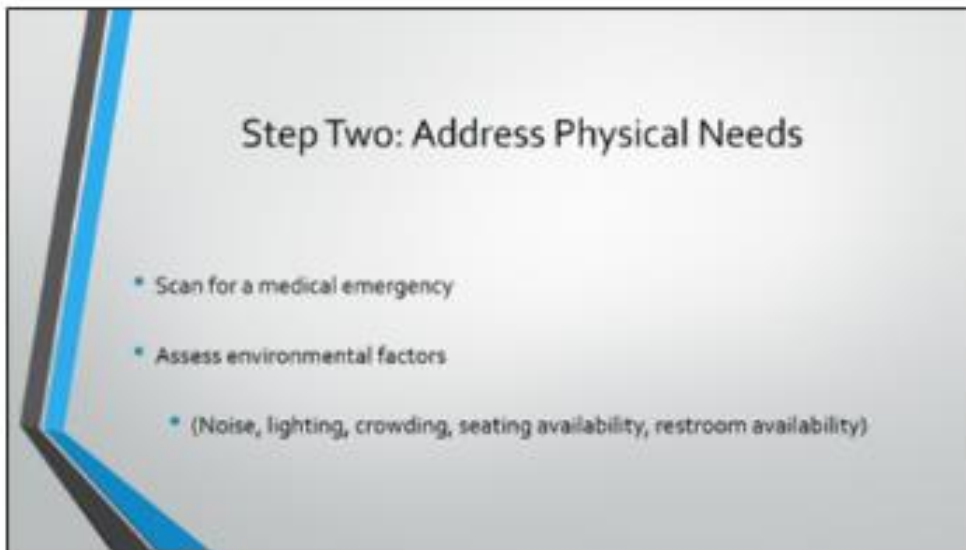
Let's go over some situational factors that can cause dementia-associated responses. These factors can be anything from an emotion such as boredom or a physical aspect of the environment such as sound or lighting. When we discover what is causing the response, it can help us to identify their unmet need that they are trying to communicate to us.



The Alzheimer's Association has developed four steps for understanding and addressing responses associated with dementia. The steps are "detect and connect", "address physical needs", "address emotional needs", and "reassess and plan for next time". Let's go over what exactly these steps mean.



Step one: detect and connect. First, we need to detect that a person may be in need of assistance by noticing what could be a dementia-associated response. As we previously talked about, this could manifest as confusion, suspicion, agitation, or wandering. Remember: behavior is used as a way to communicate an unmet need. Observe the circumstances before, during, and after the response took place. This is all about the who, what, when, and why of the situation. Try to see through their eyes. What is their reality? Next, it's time to connect with the person. Approach the person calmly and respectfully from the front. Start by identifying yourself while maintaining friendly body language and tone of voice. Your body language is easier to interpret than words.

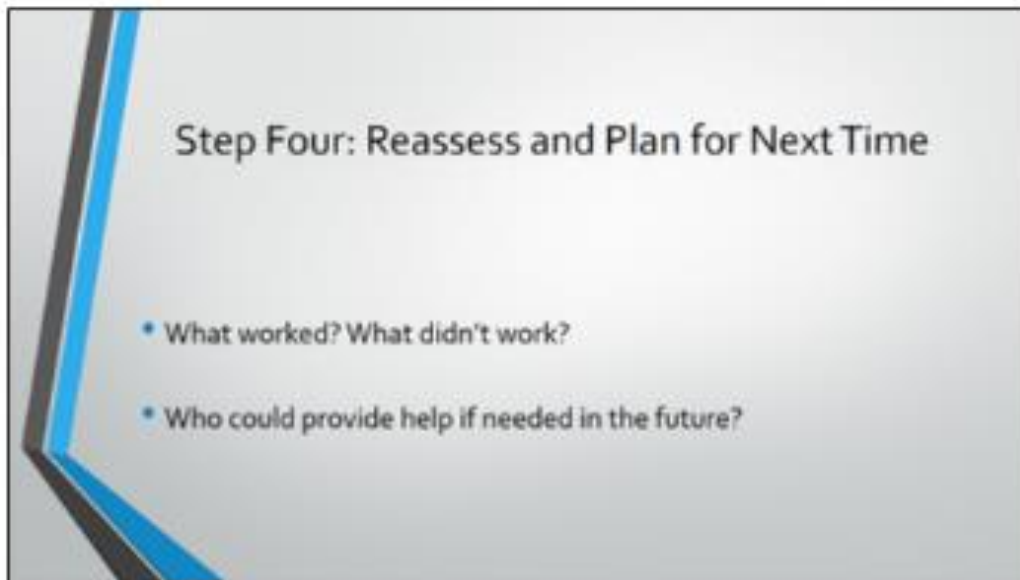


Now that we have connected with the person, it's time for step two: address physical needs. First, we want to make sure the person is not having a medical emergency. Scan for obvious signs of injury, such as bruises that could be from falling. Any sudden or drastic change in the person's condition could indicate a medical crisis. If they seem to be in a stable condition, look around at the environment. Does the person need a place to sit down? Is there excessive noise or crowds? Is the person too hot or cold? Do they need to use the restroom? All of these things could be the unmet need that the person is trying to express.

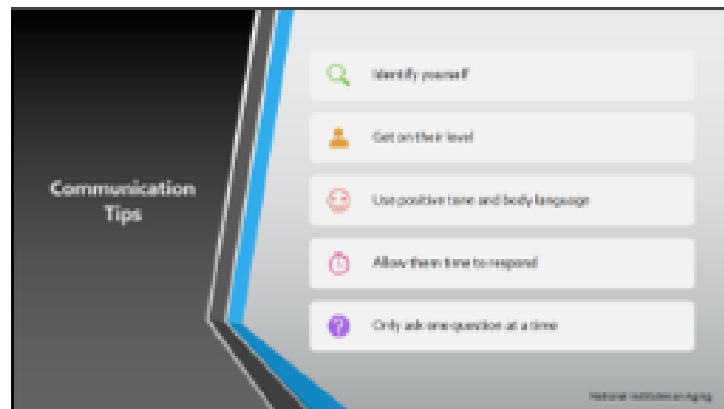
Step Three: Address Emotional Needs

- Acknowledge their emotion
- Avoid challenging their perception of the situation
- Let them know you are there to help

The next step is to address emotional needs. This is based on how the individual is feeling rather than facts. Try to avoid “reality checks” or correcting the person’s perception of the situation. It’s not always possible to determine the root cause of the person’s response. However, you can usually identify the emotion that is driving the response, such as fear, anger, agitation, boredom, or frustration. You can ask the individual if they are feeling that specific emotion, which can help them feel understood and less alone. Let the person know that they are safe and you will try to make them more comfortable. Then, try to redirect their energy into a soothing or enjoyable activity.



Finally, it's time to reassess and plan for next time. Did your strategy help? Are there other possible causes of their response or other solutions to explore? There is no "one-size-fits-all" way to handle the situation. For future reference, think about what you could do if the situation were to escalate, and identify who could help.



Before we dive into some scenarios, let's go over some general tips for communicating with people who have dementia. First, it's important to identify yourself, even if the person has met you before. Next, get on their level by bending down if they are sitting down or in a wheelchair. This will help you make eye contact and connect with the person. As we talked about earlier, be mindful that your facial expression, body language, and tone of voice are friendly. As you talk with the person, they might need a little extra time to put their thoughts and feelings into words. Give them this extra time, but don't be afraid to suggest a word if they seem to be searching for the right word to use. Only ask them one question at a time. It's also better to avoid open-ended questions, and instead opt for yes or no questions or provide a choice for them. For example, rather than asking "what payment are you using today, and what type of bag would you like your groceries in?" you could say "are you paying with cash or card?". Allow them to respond, then follow up with "Would you like your groceries in a paper or plastic bag?". Lastly, remember that everyone's dementia manifests in different ways, and people may respond differently to interventions. An individual can even respond differently to the same strategies and interventions from day-to-day. There's no "perfect" way to handle every situation. It's important to be able to adapt your strategy based on the individual's response.

Scenario #1

You are the cashier at a retail store. A customer appears to be having a difficult time selecting an item. When they do select the item, they turn and walk slowly to the exit. You approach this person before they leave the business. What do you say/do? If they argue with you or become agitated, what strategies can you use to calm the situation?



Let's put the skills we learned to the test by going through some real-world scenarios. You are the cashier at a retail store. A customer appears to be having a difficult time selecting an item. When they do select the item, they turn and walk slowly to the exit. You approach this person before they leave the business. What do you say/do? If they argue with you or become agitated, what strategies can you use to calm the situation?

Encourage audience members to voice their ideas to the group.

- Approach the person from the front slowly and calmly with a smile.
- If you know his or her name, use it.
- Introduce yourself and ask if you can help.
- Point to and offer to walk with the person to a cashier.
- If the person argues or becomes upset, just listen. If you remain calm, it will help him or her calm down, too.
- Apologize for your "miscommunication" and offer again to walk to the cashier with the person. You may need to let him or her walk out with the item.

Scenario #2

You notice an elderly woman who looks confused and distracted. She begins to wander behind the front desk to an employee's only part of the building. How do you approach this person and what do you say/do? How do you move the person back to the public area of the library?



Let's move on to the next scenario. You a librarian at the local community library. You notice an elderly woman who looks confused and distracted. She begins to wander behind the front desk to an employee's only part of the building. How do you approach this person and what do you say/do? How do you move the person back to the public area of the library?

- Approach the person from the front slowly and calmly with a smile.
- If you know her name, use it and tell them your name.
- Ask if you may help them find something such as a restroom or lounge area.
- To help move the person back to the public area, apologize for the confusion and gently turn them back to the public area by moving your body. Move slowly and calmly.
- If possible, stay with the person until they reach their desired area of the library

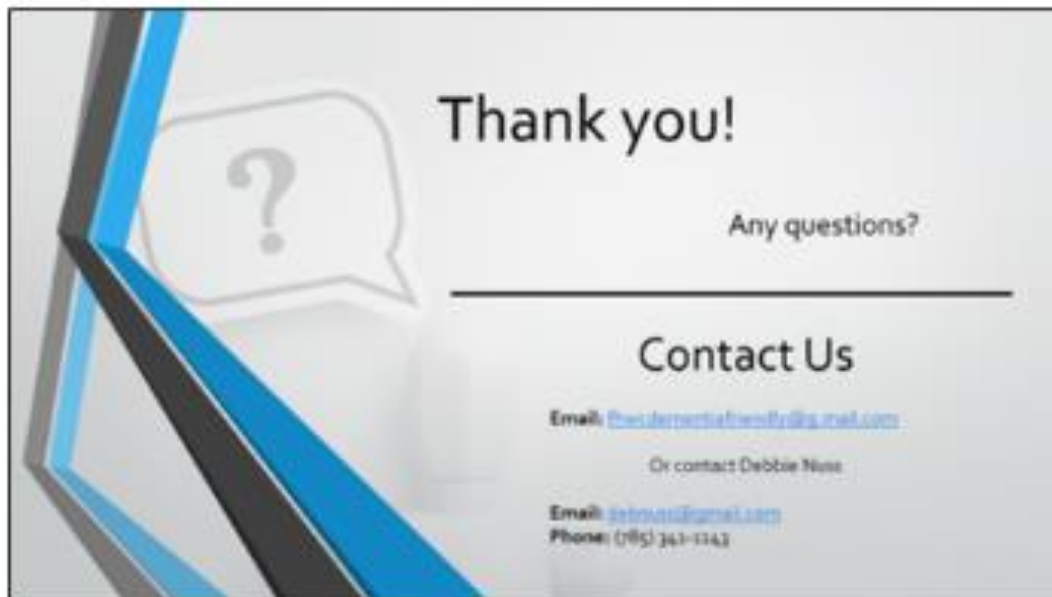
Scenario #3

You are working at a grocery store when you notice a person standing in the middle of an aisle and staring straight ahead. They have been there for a few minutes without moving or they appear to be waiting for someone. How do you approach this person and what do you say/do?



Let's go over our final scenario. You are working at a grocery store when you notice a person standing in the middle of an aisle and staring straight ahead. They have been there for a few minutes without moving or they appear to be waiting for someone. How do you approach this person and what do you say/do?

- Approach the person from the front, make eye contact and introduce yourself.
- Ask if you may help him or her.
- Take cues from the person. Do not argue. Offer support.
- Move to a quiet area.
- If you do not know this person, ask their name and address or to see their identification card so that you can help.
- Look for a Medic Alert bracelet for identification.
- If possible, contact a family member to come and escort the person home.
- Again, if necessary, contact the police to come and help. The important thing is to make sure the person is safe and has a safe place to go.



That concludes our program for today. Thank you all for your time and attention. We hope that you take what you learned out into the community to help make Manhattan dementia-friendly. If you have any questions or would like to learn more about getting involved with Dementia Friendly Manhattan, please feel free to come talk to us.

Sources

- [National Institute on Aging \(nih.gov\)](http://www.nih.gov)
- [Dementia: Symptoms, Causes, Types & Treatments - Dementia.org](http://www.dementia.org)
- [Alzheimer's & Dementia | Alzheimer's Association](http://www.alz.org)
- [Dementia Friendly America \(dfamerica.org\)](http://www.dfamerica.org)
- [Home | Dementia Friendly Manhattan \(dfmanhattan.org\)](http://www.dfmanhattan.org)

Training pre- and post- survey

Dementia Friendly Manhattan: How to be “dementia-friendly” in your workplace

Please read the following statements and circle the option that most accurately reflects your level of agreement.

1. I am familiar with the concept of “dementia-friendly communities”.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

2. I understand what dementia is and who it affects.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

3. I can identify signs and behaviors that are associated with dementia.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

4. I can list situational factors that may contribute to someone with dementia exhibiting dementia-related behavior.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

5. I would feel confident approaching someone in my workplace or community who was exhibiting signs of dementia and may be in need of assistance.

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Other comments:

Training supplemental handout

Who are we?

Dementia Friendly Manhattan (DFM) is an initiative of the Flint Hills Wellness Coalition. DFM is part of a nationwide network of dementia friendly communities under Dementia Friendly America.

The mission of Dementia Friendly Manhattan is to make Manhattan, Kansas a more inclusive, supportive, and engaging community for people with dementia and their care partners.

What is dementia?

"Dementia is the loss of cognitive functioning – thinking, remembering, and reasoning – to such an extent that it interferes with a person's daily life and activities."

— National Institute on Aging

What is a dementia friendly community?

"A dementia friendly community is a village, town, city or county that is informed, safe and respectful of individuals living with dementia, their families and caregivers and provides supportive options that foster quality of life"

— Dementia Friendly America

Contact Us

Email us:

fhwcdementiafriendly@gmail.com

Call us:

Phone: (785) 341-1143

Resources

Visit us at

www.dfmanhattanks.org or

scan the QR code below



Dementia Friendly Manhattan

A Flint Hills Wellness Coalition Project

Dementia Friendly Manhattan

A guide to becoming dementia friendly in your workplace

10 Signs of Dementia

- 1 Memory loss that disrupts daily life
- 2 Challenges in planning or solving problems
- 3 Difficulty completing familiar tasks
- 4 Confusion in time or place
- 5 Trouble understanding visual images or spatial relationships
- 6 New problems with speaking or writing
- 7 Misplacing things and losing the ability to retrace steps
- 8 Decreased or poor judgement
- 9 Withdrawal from work or social activities
- 10 Changes in mood or personality

Four Steps for Improving Dementia-Related Interactions

1. DETECT AND CONNECT

2. ADDRESS PHYSICAL NEEDS

3. ADDRESS EMOTIONAL NEEDS

4. REASSES AND PLAN FOR NEXT TIME

Tips for Effective Communication

- Identify yourself
- Use positive tone and body language
- Make eye contact
- Give them time to respond
- Ask one question at a time
- Avoid open-ended questions

Training certificate of completion

CERTIFICATE

OF COMPLETION

IS PRESENTED TO :



For completing Dementia Friendly Manhattan training



Debbie Nuss
FLINT HILLS WELLNESS COALITION CHAIR



Dementia Friendly Manhattan
A Flint Hills Wellness Coalition Project

Training window cling



Fall kick-off flyer

Scan the code to register by
October 23 at 12:00 pm



Kick-off Event

Dementia Friendly Manhattan

Join us to learn why
your business should
be dementia friendly

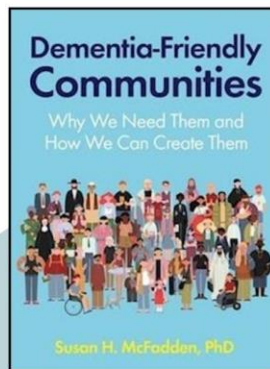
Where: Rockin K's
Meeting Room
1880 Kimball Ave Ste 100
Manhattan, Kansas 66502

When: Monday, October 30
5:30–6:30pm

Light refreshments will be served



Dementia Friendly Manhattan
A Flint Hills Wellness Coalition Project



Featuring guest speaker

Susan H. McFadden, PhD

Author of "Dementia-Friendly
Communities: Why We Need Them and
How We Can Create Them"

Fall kick-off Facebook event cover



Join Us!

Dementia Friendly Manhattan

Kick-off Event

Monday, October 30

5:30–6:30pm



Dementia Friendly Manhattan

A Flint Hills Wellness Coalition Project

